DRUG AND ALCOHOL ABUSE

The first two items leave little doubt that alcohol or drugs are being "done". If these or any three of the other signs persist, drug or alcohol abuse should be suspected. Since alcohol or drug use by young people often interrupts their normal maturing process and can lead to permanent brain damage, expert evaluation should be sought.

WARNING SIGNS

1. Finding drugs or drug paraphernalia, even if just holding for a friend.
2. Finding beer cans, liquor missing or watered down liquor bottles at home.
3. Sudden energy or laziness.
4. Significant appetite increase or decrease.
5. Clumsiness or slowness.
6. Slurred or confused speech.
7. Persistent red or watery eyes or nose.
8. Extreme moodiness or defensiveness.
9. Persistent hostility towards family and all authority.
10. Consistent disregard for rules, vandalism or traffic violations.
11. Increasing secretiveness.
12. Worsening school grades.
13. Poor concentration or memory.
14. Change in sleep habits.
15. Change in friends, dress or language.
16. Money missing.
17. Extremely short visits or calls from friends.

This information is provided by **Weinberger and Associates, P.C.**, a mental health and substance abuse practice based in Houston, Texas. The staff specializes in reaching, winning over and helping difficult teenagers by using a wide range of outpatient, hospital, day and residential treatment services.

For more information call:

Weinberger and Associates, P.C.

Main Office • 4140 Southwest Freeway, 4th Floor
Houston, Texas 77027
(713) 623-0800 (24 hours)

HELPING TEENAGERS GROW INTO HEALTHY ADULTS

SUICIDE

Although the first four behaviors below are often the strongest indicators of a troubled child, none of these should be ignored. If a usual amount of TLC (tender loving care) has no effect on reassuring the child of his or her worth, then professional evaluation should be sought (even if suicide threats are "just for attention").

WARNING SIGNS

1. Previous suicide attempt.
2. Suicide note or threats.
3. Making final arrangements such as giving things away or returning borrowed items.
4. Alcohol or drug use.
5. Persistent depression (sleeplessness, not eating, hopelessness, disinterest, isolation).
6. Extreme impulsivity.
7. Frequent accidents or taking chances with danger.
8. Recent death or preoccupation with the death of a close friend, relative or pet.
9. Thinking all the time.
10. Extreme fears of failing or letting others down.
11. Hardly ever showing anger or sadness.
12. Sudden improvement after period of depression.

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HELPING TEENAGERS GROW INTO HEALTHY ADULTS

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Central Office
4140 Southwest Freeway, 4th Floor
Houston, Texas 77027
(713) 623-0800

NORMAL VS. ABNORMAL TEENAGE BEHAVIORS

NORMAL TEENS

1. Break rules occasionally, question rules and values and are difficult to deal with.
2. Can listen and take advice most of the time and don't always have to do the opposite of what they are told.
3. Can accept limits and consequences and do learn from their experiences.
4. Do have friends but can be alone at times and do not have to do everything their peers do.
5. Feel guilty when they hurt other people's feelings.
6. Are happy and energetic and involved.

ABNORMAL BEHAVIORS (Behaviors obviously beyond normal testing that are repetitious and destructive to themselves or others).

1. Rapidly changing moods.
2. Persistent anger, explosiveness or meanness.
3. Total lack of responsibility in chores or school work.
4. "I don't care" attitude about everything.
5. Any hitting of adults.
6. Changes in attitude, behavior or motivation.
7. Spending all their time in their room.
8. Can't take advice - does opposite of what you suggest.
9. Lack of response to discipline or won't allow themselves to be disciplined.
10. Inability to maintain appropriate behavior when adults are not around.
11. Refusal to eat or throwing up after eating.
12. Chronic denial (e.g. you ask something and they just blow up at you).
13. Running away.
14. Promiscuity.
15. Failing grades/Truancy.
16. Drug/alcohol abuse.
17. Persistent lying or stealing
18. Disrespect for all authority.
19. Extreme impulsivity or extremely poor judgement.
20. Frequent somatic complaints.
21. Sleep disturbance or constantly sleepy.
22. Fear of being alone.
23. Chronic fighting.
24. Inability to make decisions.
25. Inability to keep friends.
26. Lack of interest in the opposite sex or always having to have a girlfriend or boyfriend.
27. Extreme overspending.
28. Suicide threats or attempts.
29. Never disagreeing with you, arguing with you or being mad at you.
30. Carving of initials into their flesh.

WEINBERGER & ASSOCIATES, P.C.

Mental Health and Substance Abuse Services

Central Office
4140 Southwest Freeway, 4th Floor
Houston, Texas 77027
(713) 623-0800

SELF-ESTEEM CHECK-UP

W&A c 1989

Do you feel:	Never	Some-times	Half & Half	Most of the time	All of the time
A. Loveable					
B. Special					
C. Competent					
D. Helpful/Caring					
E. Responsible					
F. Independent					
G. Secure					
H. Socially skilled					
I. Able to cope and solve problems					
J. Goal-directed, planful, motivated					

HOMOPHOBIA

GROUP SESSION

STAFFORD MEADOWS HOSPITAL

OUTLINE

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GROUP SESSION

SUBJECT: HOMOPHOBIA AND ITS CONSEQUENCES FOR GAYS AND LESBIANS

SOURCES OF INFORMATION: KEYS TO CARING, ASSISTING YOUR GAY AND LESBIAN CLIENTS, DUAL IDENTITIES

GOAL: TO HELP CLIENTS TO UNDERSTAND EXTERNAL AND INTERNAL HOMOPHOBIA AS IT RELATES TO ALCOHOL, DRUG ABUSE, DEPRESSION AND ANXIETY.

INTRODUCTION:

When you hear the word homophobia, what comes to your mind? Perhaps you think about the definition of the word. Simply defined, homophobia is an unreasonable fear of homosexuality. Perhaps a mental image comes to your mind of what a homophobic person might look like. Maybe you see this individual as large, gruesome and carrying a weapon such as a baseball bat; and you hear him or her muttering something about going out to do some queer-bashing. Or perhaps you think about your inner feelings, your fears, your panic feelings, your cold sweats, whenever you yourself have same-sex thoughts or whenever you think that someone might think of you as being homosexual. You might add to these feelings your thoughts about how you plan to get rid of these inner feelings that you are experiencing. They may be bothering you so much that, for you, the only way to get rid of them is to destroy yourself. This self-destruction may take many forms. For many gays and lesbians it is ALCOHOLISM OR DRUG ABUSE; for others it is SUICIDE. The point is that different people have different reactions to the word homophobia. The reactions can be directed inward or outward, or it may be directed both ways at the same time. It is important to note that, no matter what direction the reaction takes, it is caused by an OVERWHELMING, UNFOUNDED FEAR.

THE MEANING OF HOMOPHOBIA: A WORKING DEFINITION:

Above is stated a simple definition of homophobia. Actually, there are many definitions, but as approached from a cultural perspective, HOMOPHOBIA DEFINES ANY BELIEF SYSTEM THAT SUPPORTS NEGATIVE MYTHS AND STEREOTYPES ABOUT GAY AND LESBIAN PEOPLE. MORE SPECIFICALLY, HOMOPHOBIA REFERS TO: (A) A BELIEF SYSTEM WHICH HOLDS THAT DISCRIMINATION ON THE BASIS OF SEXUAL ORIENTATION IS JUSTIFIED; (B) THE USE OF LANGUAGE OR SLANG, e.g. "FAG" OR "FAGGOT" THAT IS OFFENSIVE TO GAY AND LESBIAN PEOPLE; AND (C) ANY BELIEF SYSTEM WHICH DOES NOT VALUE GAY AND LESBIAN LIFESTYLES EQUALLY WITH HETEROSEXUAL LIFESTYLES.

PROBLEM AREAS:

One of the major destructive behaviors in the gay and lesbian communities is ALCOHOLISM. Alcohol is all too often the convenient drug of choice to deal with fears, anxieties, feelings of low self-esteem, feelings of self-hatred and worthlessness, and feelings of not being able to go on with life. Similarly, alcohol is used to block out the bad feelings generated by homophobia, so that the gay person just does not have to deal with these feelings until the alcohol or drug wears off. Subsequent escapes take more alcohol to block out the feelings. Soon the person (if alcoholic or substance abuser) progresses into their disease even further. It is much the same picture with any chemical or substance abuse. The Patterns are the same.

ANXIETY ATTACKS are another problem area for gay people dealing with thoughts and feelings generated by homophobia. These attacks are sometimes devastating and crippling. Often the persons do not know why they are experiencing them. They occur without warning and seem to come out of nowhere. They may occur during work or school, while relaxing at home or enjoying a movie, or even during sleep. These attacks may cause persons to lose jobs or to drop out of school. They may disrupt family or lover relationships.

A third problem area for the gay person dealing with internalized homophobic thoughts and feelings is that of SUICIDE. Often persons strongly believe that the only solution to getting rid of these thoughts and feelings is to destroy themselves immediately, as opposed to a more gradual self-destruction through the use of drugs or alcohol. How many of us thought that we were the only gay and lesbian person in town? How many of us thought that nobody else could know what we were feeling? Those who are not lesbian or gay have not experienced these terrible thoughts and feelings of SHAME, GUILT, AND LONELINESS. Most of us start, we are given messages from our parents that we must pursue a NORMAL LIFESTYLE, which above all else means heterosexual. And we are made to feel guilty if we do not.

Another potential area of problems with internalized and external homophobia is the coming out process. One point about the relationship between homophobia and the coming out process is, often gay persons think that they have purged themselves of all of their homophobic thoughts and feelings, only to have them resurface several times as they grow in the coming out process. This resurfacing may make gay clients ANGRY AND FRUSTRATED. The person may think, "Oh no, not those awful feelings again!" But it is important for the person to be aware that this will occur, and to know that there are effective support groups that entail recognizing and acknowledging those feelings.

GROUP THERAPY work allows the person to share their fears and anxieties with others. Often the homophobic feelings take the form of "But I don't want to be a homosexual, because then I will be bad, terrible, and hated by everybody." Such feelings can be addressed in the group sessions to find out how others have dealt with them. Often creative forms of resolution of these kinds of negative feelings can be discovered through the group process. Also, the feeling of safety in numbers may be the emotional condition that is needed to start a positive therapeutic process for the person.

EXTERNAL HOMOPHOBIA AS IT RELATES TO: ALCOHOLISM AND DRUG ABUSE

There are a number of issues and problems that are specific to gay/lesbian alcoholics/ experience and that can increase the difficulty of their recovery from alcoholism and other drug dependencies. One of the central issues, from which all the others seem to arise is HOMOPHOBIA. Homophobia includes the irrational fear and dread of as well as the hatred and contempt for homosexuality and all gay men and lesbians. Homophobia permeates American culture like the air we breathe; thus, it is virtually impossible TO GROW UP WITHOUT BECOMING HOMOPHOBIC. EVERYONE--BOTH GAY AND NON-GAY--SEEMS TO BE HOMOPHOBIC TO SOME DEGREE. Homophobia is comprised of all the UNFOUNDED AND PREJUDICIAL TEACHINGS AND BELIEFS ABOUT HOMOSEXUALITY held to be true by the culture and perpetuated by society's various institutions. Weinberg contends that HOMOPHOBIA AFFECTS MENTAL HEALTH. If people, whether gay or not, are homophobic, their choices of responding to others and to life are limited and compromised. Society's negative attitudes are, however, incalculably more powerful and destructive for gay men and lesbians. An appreciation of these effects can help the gay/lesbian person begin to understand why they might be frightened to reveal their sexual orientation, might be extremely mistrustful, or might have special issues affecting their own recovery from alcoholism or drug abuse.

TYPES OF EXTERNAL HOMOPHOBIA FOUND IN SOCIETY:

RELIGIOUS HOMOPHOBIA - does not confine its destructive effects to homosexuality. A number of fundamentalists equate homosexuality with alcoholism and view both as self-induced, self-inflicted moral sicknesses. Their contention is that all homosexuals and alcoholics have to do is repent, pray, and give up their sinful condition. Perhaps they cannot help becoming alcoholic or homosexual, but they can give it up! Such attitudes tend to evoke rage - and if not rage, then despair. Many gays describe their despair as they measured their feelings and behavior against their churches' teachings and learned that by those standards they were sinners. Because of these kinds of conflicts and emotional scars, many gay people may have extra trouble in sobriety with spiritual concepts involving "moral" inventories and mentioning a belief in God.

THE LEGAL SYSTEM:

It is possible that gays and lesbians may be filled with terror at being discovered, either because they have already been caught in the legal system or because they are frightened by the threat of legal action against them. Many gays have been in a gay bar when a police raid swept through. Other gays and lesbians have been roughed up or arrested by the police on flimsy charges. And most gays live daily with the knowledge and fear that, if discovered, they could lose their jobs, their homes, or their children via custody battles because the law in most cities and states does not afford gays the same protection it affords to non-gay people. Even death does not end the discrimination. There are no laws to protect surviving gays and lesbians when lovers die interstate. Even when there is a will, relatives frequently step in, deny the existence or validity of the lovers' relationship, and claim and receive the inheritance.

THE MEDIA:

The media reinforces the message to gays that self-revelation invites ridicule or pity, if not rage and contempt. The intensity of homophobia in the media ranges from the subtle negative messages sent by omission (portrayals of ordinary, everyday gay/lesbian people are notably lacking on TV and in movies, magazines, and newspapers) to reporting that sensationalize homosexuality an homosexuals. We have only to remember how the media focused on and squeezed every drop of "scandal" out of Rock Hudson's life and death. Furthermore, crimes committed by people labelled as homosexual are avidly reported as especially terrible, whereas child molestation by a heterosexual male does not usually carry the same emotional charge. Such reporting is a distortion but usually goes unchallenged because of homophobia.

One of today's worst slurs that can be made about a person is that of "homosexual". Ironically, liberal political candidates who are not even supporters of gay rights have been injured by suggestions that they "support and condone homosexuality." Implying that people are "soft" on homosexuality implies they are anti-family, anti-American, and anti-God. Some current radio talk show hosts regularly make vicious homophobic remarks. And when movies and TV portray gay men or lesbians, they are often shown either as silly or tragic figures. Or the homosexuality is denied or made invisible. Frequently, gay characters in novels and plays are neutralized by being made nongay and nonsexual when a television adaptation is produced. This is a chilling example of the media's power; if the media says something does not exist or does not classify as an acceptable lifestyle, then it does not.

MEDIA (CON'T)

In addition to hearing all the media's negative messages, most gay people are subjected to homophobic remarks every day because most gays pass as heterosexual most of the time. These rather ordinary, invisible gays must hear all the slurs and jokes that people feel free to utter--especially because there seem to be no gays around. They hear the derogatory language casually used to describe gay--faggots, fruits, fairies, dykes, lezzies, butches, femmes, pansies, sissies, and girls. The contempt, fear, and hatred conveyed by these words are a part of the pulse of American life. Living in the midst of homophobia is one of the ore stressful experiences a person can be subjected to. It requires an almost constant struggle to answer such questions as, "WHERE DO I BELONG?" "WHO AM I?" "WHO WILL ACCEPT ME?" "WHAT VALUE DO I HAVE?" and the price of openness may be as high as LOSS OF JOBS AND REJECTION BY THE FAMILY--the two institutions most directly involved with developing and maintaining identity, self-esteem, and a sense of belonging. Obviously, the stress created by the pressures of homophobia is extremely strong.

INTERNALIZED HOMOPHOBIA: <u>HOMOPHOBIA PRESENTED WITHIN GAYS AND LESBIANS</u>

Having to contend with the ever-present pressures of external homophobia on a day-to-day basis is, at best, demanding and disheartening. DEALING WITH INTERNALIZED HOMOPHOBIA IS MORE DIFFICULT AND PAINFUL. As they grow up, most lesbians and gay men are taught the homophobic values of the culture. Gradually, they INTERNALIZE THESE VALUES - LEARN THEM, ACCEPT THEM AS TRUTH, AND INCORPORATE THEM INTO THEIR BELIEF SYSTEM. After the lesbians and gay men realize they are homosexual, they apply these values to themselves because they are members of the stigmatized group. Many gays grow up feeling "something" was indeed "wrong". As they began to sense or discovered how they were different many were horrified to learn they belonged to a group reviled by this culture. The feelings generated by internalized homophobia are extremely painful. They are the feelings of a self divided. Many gay people feel the very center of their being is tainted and unacceptable. THAT WHICH DEFINES WHO THEY ARE BECOMES THE ENEMY. NOW THEY ARE BESET BY TWO HOSTILE FORCES--FROM WITHOUT AND WITHIN.

<u>BASIC REACTIONS AND CONSEQUENCES</u>:

The consequences of homophobia are often harsh and far-reaching. Some gays react by becoming ANGRY OR REBELLIOUS, OR ACTING IN WAYS DANGEROUS TO THEMSELVES. SOME TRY TO, OR ACTUALLY DO, COMMIT SUICIDE. MANY, PERHAPS THE MAJORITY, LIVE AND MEASURE THEIR LIVES ACCORDING TO SOCIETY'S HOMOPHOBIC VALUES, LIVING AS IF THOSE VALUES WERE FACTS AND TRUTHS. THUS IT IS NOT UNUSUAL FOR GAYS TO BELIEVE THAT HETEROSEXUALS ARE SUPERIOR, HOMOSEXUALS INFERIOR. A number of gays make an accommodation with what they see as this "unnatural" part of themselves by grimly living as heterosexuals because to live openly as gay men or lesbians would mean to them accepting themselves as lesser beings, immoral, stigmatized, and unwanted. Of these, a number will seek what they perceive as the safety of an asexual life in a religious order. Others seem to unconsciously seek a very homophobic setting such as the armed forces. Many gay men and lesbians think going into the religious life or into military service as a way of "solving" their sexual/affectional conflicts. Some felt these institutions would discipline them and keep their unruly and unacceptable feelings in check. Others felt by sacrificing and serving others they could "save" themselves from their "baser instincts." Unfortunately, such measures tend to increase feelings of self-

loathing and blame. And, all too frequently, these people turned to drinking and/or drugging as a seemingly acceptable way to decrease and soothe their psychic pain.

Some lesbians and gay men split their lives and have homosexual experiences and relationships while in heterosexual relationships. Sometimes, in order to deal with the enormous stress generated by their INTERNALIZED HOMOPHOBIA, gays come to see themselves as "not gay." They may engage in homosexual behavior, but in their minds they are completely identified with heterosexuality. Such is the power of DENIAL IN THE FACE OF LIFE -- OR SANITY -- THREATENING CIRCUMSTANCES. One problem with this behavior, however, is the person often becomes isolated from others and from him or herself; the person may turn to ALCOHOL AND OTHER DRUGS AS A WAY OF COPING WITH THE PAIN OF ISOLATION. And, as well-known, using alcohol and other drugs to cope puts people at risk of becoming chemically dependent.

DEPRESSION:

Other effects of internalized homophobia are equally harmful. Many gays are filled with SELF-HATRED, SELF-LOATHING, AND SELF-CONTEMPT -- ALL OF WHICH CAN LEAD TO DEPRESSION. These feelings can, in turn, contribute to HEAVY DRINKING AND ALCOHOLISM, OTHER DRUG USE, AND SUICIDAL THOUGHTS OR ACTIONS. Gay men and lesbians who are at risk for CHEMICAL DEPENDENCY MAY DRINK OR USE OTHER DRUGS TO MEDICATE THEIR DEPRESSION, TO FILL THE VOID, TO KILL THE PAIN, OR TO CREATE THE ILLUSION OF NOT BEING DIFFERENT. But they have no idea that, all the while, the use of chemicals is depressing them further. THUS THE DEPRESSION CREATED BY THE PHYSIOLOGICAL AND PSYCHOLOGICAL EFFECTS OF BEING CHEMICALLY DEPENDENT IS, FOR GAY PEOPLE, OFTEN HEIGHTENED AND INTENSIFIED BY DEPRESSION RESULTING FROM INTERNALIZED HOMOPHOBIA. It is important that gays and lesbians know that their depression is an appropriate response to the loss of their "best friend, alcohol" which shielded them from the assaults of homophobia. It is also an appropriate response to the homophobia that is all around us and says gay men and lesbians are worthless and contemptible.

ANXIETY:

In addition to self-hatred and depression, many gays experience powerful sometimes crippling anxiety. Anxiety may be defined as the way an organism responds to what it perceives as dangerous and threatening. Since this society perceives homosexuality and homosexuals as a frightening threat to its values, it is little wonder that many gays view discovery of their gayness as a great danger and therefore experience anxiety. Because of their internalized homophobia which says the VERY CENTER OF THEIR BEING IS SICK AND DISGUSTING, IT IS NO WONDER SO MANY GAY PEOPLE FEEL THEIR SEXUAL/AFFECTIONAL ORIENTATION MUST BE HIDDEN AT ALL COSTS. The overriding fear generated by these feelings is of discovery by others and/or by self, "I could not bear it if I were gay." "I would hate myself if I were a lesbian." "I could not live with myself if I found out I was gay." "What would they think of me if they found out?" "If they only knew, they wouldn't like me."

INTERNALIZED HOMOPHOBIA (CON'T)

Coming to terms with INTERNALIZED HOMOPHOBIA and learning how to cope with EXTERNAL HOMOPHOBIA is a long, complex, painful, and arduous process. It is made so by many gay people's deep, underlying fear that at their very core they are irreparably defective and forever unacceptable to society, to their families and to themselves. With this comes the belief that no matter how brilliant or famous or accomplished they may become--underneath they are no good. Thus, many of them live their lives in fear-that somehow, some way, someday, someone will discover their secret. Living with such fears, whether they be conscious or not, tends to make some gay people feel very paranoid and they may become hypervigilant, always on the lookout for possible danger. The anxiety produced by living with such fears takes its toll. ONE WAY THAT MANY GAY PEOPLE LEARN TO DEAL WITH THE STRESS OF SUCH ANXIETY IS TO MEDICATE THEMSELVES WITH ALCOHOL AND/OR OTHER DRUGS, A STRATEGY WHICH CAN ALL TOO EASILY BOOMERANG INTO DEPENDENCY. They are likely to be afflicted with the agitation, unknown fears, and paranoia common to alcoholism -- FEELINGS WHICH HEIGHTEN AND InTENSIFY ALREADY EXISTING ANXIETY.

DEFENSES:

The two major consequences of homophobia, DEPRESSION AND ANXIETY, are not only destructive but also extremely painful. It is important, therefore, to understand the ways that gay people defend against the homophobia which creates such discomfort.

DEFENSES ARE USUALLY CONSIDERED TO BE UNCONSCIOUS PSYCHOLOGICAL MECHANISMS EMPLOYED TO SHIELD THE "SELF" FROM PAIN AND PERCEIVED DANGER. There are different defenses, and usually more than one will be in operation at one time. Since everyone raised in this culture is taught "it's not all right to be gay," it follows that anyone who has a sense, or even faintly suspects, that he or she might be gay or have tendencies "that way" will develop defenses against the danger perceived as inherent in homosexuality. Thus people who have even the slightest inkling they might be "different" (though many are not even sure in what way) will establish ways to protect themselves against knowing or at least against others knowing. Thus many gay men and lesbians have highly developed defensive systems long before they may start to drink or use other drugs. Drinking and using other drugs are also defensive postures which are employed by many lesbians and gay men as ways of not knowing, not feeling, or not caring.

DENIAL:

Probably the most powerful defense of all is DENIAL - a process by which a person unconsciously changes reality so that it suits his or her needs. In denial, people unknowingly create a subjective reality, a world of their own, by reversing or significantly changing the facts of objective reality. In this manner, people are able to prevent themselves from knowing about something which, if they did know about it, would threaten their self-concept and create unbearable anxiety. This defense produces a strange phenomenon: a person can behave in a way which is obvious to others, but he or she is unable to see this behavior. The way alcoholics employ denial are understood in the alcoholism field as is the primal power of this defense.

Support Group

Houston Area
798-4930 * 942-7002

Teenage Coalition for Homosexuality
Wonderful
Place for Sharing

HIPY
Houston - Institute for Protection of Youth 942-9884

up to 18 years old
Homeless HIV victims
None Profit
Donations Jobs

PFLAG Parents & Friends of Lesbian and Gays

1st Sunday of every month
Parents Share
- Intracare Hospital
On Fannon

867-9020

Often - Invisible Counselling Gay & Lesbian Youth
Central Toronto Youth Servces

A Guide to Psychotherapy
with
Gay and Lesbian Clients
Edited by John C Gonsiorek

THE OBJECTIVE REALITY IN A HOMOPHOBIC CULTURE IS THAT IT CAN BE DANGEROUS TO BE GAY OR LESBIAN; THE DANGERS RANGE FROM INSULTS TO BODILY HARM. For many people, even contemplating the slightest possibility of having any "GAY FEELINGS" much less the possibility of being gay, is so dangerous that they unconsciously shut down their perceptions and literally do "not know" they are gay or might have gay feelings. Thus, it is entirely possible and not so uncommon for a person to engage, or to have engaged, in homosexual behavior and not see that behavior as being gay. Or people may be asexual or celibate and not know they have homosexual feelings. Or people may live as heterosexuals and respond unconsciously with the denial whenever anything occurs that even whispers of difference. IT IS ALSO IMPORTANT TO REMEMBER THAT OUR CULTURE ENCOURAGES PEOPLE TO DENY HOMOSEXUALITY. AND THE CULTURE ITSELF DENIES THE EXISTENCE OF HOMOSEXUALITY WHENEVER POSSIBLE. IT DEMANDS AND REWARDS INVISIBILITY, TOLERATING GAY PEOPLE AS LONG AS THEY REMAIN QUIET, DOCILE, AND HIDDEN IN THEIR CLOSETS. THE GAY PERSON'S MOST TOTAL FORM OF INVISIBILITY IS DENIAL, BOTH TO OTHERS AND TO HIM OR HERSELF. But this defense exacts a high price of unconscious inner stress. It is maintained only by expending enormous amounts of psychic energy. Because this culture sanctions the use of alcohol as a means of relaxing, it is not unusual that people in denial about their sexuality might use alcohol or drugs to help them avoid the truth.

If the use of alcohol develops into problem drinking and alcoholism, the denial system becomes enormously powerful as the denial of addiction swirls together with the denial of sexuality. The significance of this phenomenon is that removal of the drug may throw people into crisis because they are left with weakened defensive systems; THEY HAVE TO DEAL WITH THE STRESSES OF RAW, NEWLY SOBER SELVES.

REACTION FORMATION:

Another very powerful defense is that of reaction formation: people react to what they fear they are or may be by identifying with, acting like or becoming the opposite. It is not uncommon for people who are motivated in this way to identify with and become like the AGGRESSORS WHO ATTACK THE FEARED GROUP (or characteristic). Thus a person who fears he or she might be homosexual might join a religious group which is especially vocal in its opposition to gays and become an outspoken opponent of all gays. Or this person might just simply be among those who laugh the loudest at anti-gay jokes. By these means, people who fear they might be gay protect themselves against "knowing or owning" their potential gayness or against being identified with this hated group. Through this defense, they try to counteract the devaluation of their self-concept.

RATIONALIZATION:

This defense is especially familiar to those who work with alcoholics. It is the process by which people explain away an event, behavior, thought, or feeling they cannot bear to become aware of. By their explanation, they make it "not so" when faced with the discovery that they are unacceptable (e.g., homosexual). These rationalizations include unconscious ideas like, "I ONLY DID THOSE THINGS BECAUSE I WAS

We all come into the world.....

Authentic States		Adaptation	Adult	Unmanagability
1. Valuable (precious)	>	less than better than	> Self Esteem Issues	> Negative Control Issues (You hurt me therefore I will eliminate you)
2. Vulnerable (protected)	>	Too Vulnerable / Invulnerable (you can't hurt me)	> Boundaries: Physical, Emotional, Sexual, Sexual House usually happens	> Resentments
3. Imperfect (reality & Curse Punishment from God	>	Bad or Rebellious Perfectionist (Do everything right)	> Reality Issues (Extremely Flamboyant)	> Problem With Spirituality
4. Should Get the Message from their Parents that they are Dependent Have Needs / Wants - I want to go out with this person	>	Too Dependent (I need someone to take care of me) / Anti Dependent	Dependency	> Addiction Issues (I'm going to be real extreme. I'm going to go out with everyone. Do everything. Mental Illness (Depression). Physical Problems (The person gets sick a lot.)
5. Immature (Age Specific) (20 yrs old cooking and taking care of Kids - Didn't Get the message)		Hyper	Moderation Issues	> Have issues with intimacy

Being neurotic and unstable is not because the person is gay but because they don't know what intimacy is > Can't express themselves to any one

RATIONALIZATION (CON'T)

DRUNK"; "I'M REALLY BISEXUAL"; "THAT'S NOT LIKE ME." "IT'S NOT MY FAULT--I WAS SEDUCED." "I ONLY DID IT BECAUSE I WAS CURIOUS." "I'M A FREE SPIRIT, WILLING TO EXPERIENCE EVERYTHING." "IT WAS JUST A PHASE." Such perceptions make reality less threatening. Rationalizing results in further turmoil for those who are already confused about their sexual identity. Eventually they may not even know what is real. If problem drinking or alcoholism become part of this muddle, more confusion is created as people begin rationalizing about their drinking. Thus alcohol helps maintain -- and in fact intensifies people's mind-tricks and illusions.

HOSTILITY AND ANGER:

Another defensive reaction is that of acting in hostile and angry ways. Being enraged at injustice is certainly a healthier reaction to homophobia than falling into despair. But when the defense hardens into an automatic, uncontrolled response that keeps others away, it creates problems within intimacy, honesty, and trust. RAGE IS A DRAGON GUARDING THE SELF. If anyone approaches too close by asking questions, or by showing concern, the dragon may rise up in wrath to drive off the intruder.

PASSING AS HETEROSEXUALS

Many gays and lesbians present themselves to the world as heterosexuals; they assume a mask or facade of heterosexuality to make their homosexuality invisible. This defense is primary and often necessary used by gay men and lesbians against the assaults of HOMOPHOBIA. While this is mainly a conscious defense, controlled by choice, it helps to know people may use it so often they're not conscious of doing it. Three basic factors relate to the creation of this defense:

* HOMOSEXUALITY IS FOR THE MOST PART A HIDDEN STIGMATIZED CONDITION.
* SOCIETY ENCOURAGES AND DEMANDS INVISIBILITY.
* THE DANGER PERCEIVED IN REVEALING A HOMOSEXUAL IDENTITY IS OFTEN VERY REAL. IN RESPONSE TO THESE FACTORS, GAY MEN AND LESBIANS LEARN TO DEFEND THEMSELVES BY PASSING AS HETEROSEXUAL.

In light of the realities of HOMOPHOBIA, passing is a valid, healthy, adaptive defense required to protect such things as one's safety, self-esteem, job, or family. WHAT IS NOT HEALTHY ABOUT PASSING IS THAT IT IS FORCED UPON GAY MEN AND LESBIANS BY SOCIETY'S HOMOPHOBIA AND THAT HAVING TO DEFEND ONESELF AGAINST REAL ATTACKS MAKES THE STAKES OF SELF-DISCLOSURE VERY HIGH. In addition, like any other defense, if passing becomes rigid, inflexible, and automatic, then it can be DESTRUCTIVE. Some gay people cannot seem to drop the mask and be who they really are even around other gay people. Some gays hide their sexual/affectional identity all their lives, never telling even their closest friends. And some, even when it is clear there would be minimal repercussions, cannot free themselves from their rigid defense to share their identity with others.

Am I Homosexual or Not

Confusion

Straight

1. inaccurate information
2. unrealistic expectations
3. Myths and Stereotypes of Society
4.

Gay

1. Myths and Stereotypes
2. Inability to label feelings Expression
3. Dismisal of Feelings
4. Gay Teens will have conflicts about their homosexuality.
5. Sexual Abuse

Book By Richard
Being A Gay Male and the Developement.
Fathers & Mothers who are heterosexual immediately start to reject their child. (Fathers reject their sons. Mothers reject their daughters.)

Is My Child Gay

1. Just Ask! if they deny it and they are maybe six months later your child will talk to you about it.
2. Clothing, Mannerisms, affectation
3. Heterosexual Promiscurity } Sexual acting out may be a behavior that signifies Sexual Abuse.
4. Strong interest in talking about sexuality with parents Usually Strong.
   They have Homosexual references in your conversations.
5. 3rd Party Concern
6. Disinterest in the opposite sex. Talk about this with your child. Avoid words like Normal, Chose, Should.

Transexul People in many instances are usually psycotic
Psychological Problems much greater than just being gay

Support

1. Parents dont Support Gay Children
2. Dont Support their dating habits
   1. What do their parents do.
   2. Where did you go on your date?
3. One area in town. Usually a bar Not the boy scouts Not the service

PASSING FOR HETEROSEXUAL (CON'T)

There are many ways of passing as heterosexual, from the subtle to the obvious. These tactics include TAKING AN OPPOSITE-SEX FRIEND TO FAMILY FUNCTIONS, REFERRING TO LOVERS ONLY BY THE PRONOUN "THEY," AND NEVER TALKING ABOUT ONE'S PERSONAL LIFE. Many gays force themselves into heterosexual dating patterns in their adolescence and early adulthood. A number of them enter heterosexual marriages and then either have extramarital homosexual affairs or do not acknowledge or act on their homosexual orientation and feelings. THE MOST COMMON FORM OF PASSING IS DRESSING, TALKING, AND ACTING AS MUCH AS POSSIBLE LIKE A "STRAIGHT" PERSON WHENEVER INTERACTING WITH THE STRAIGHT WORLD. The majority of gay men and lesbians in our society pass as straight most of the time and take off their masks only when they feel safe with lovers, friends, or even strangers. For a number of gays, this seems to be a relatively comfortable way of living; many gays have developed tough egos in the course of their fight against HOMOPHOBIA.

Having a tough ego, however, does not completely protect a person from the high price of leading a double life. Creating and maintaining a believable mask requires much energy, skill, vigilance, and a certain SACRIFICE OF SELF. This split between inner and outer self, occurring over a long period of time, can gradually create STRONG FEELINGS OF CONFUSION, FRAGMENTATION, DISJUNCTION, AND EMPTINESS. It is difficult to retain a clear sense of self and self-worth when one must always hide or deny one's true inner self. Unfortunately, many gay men and lesbians try to mend the split and sedate the pain with alcohol and other drugs. These may be very helpful in assuaging the pain and filling up the empty places -- for awhile. BUT IF ALCOHOLISM DEVELOPS, THEN THE ADDICTED PERSON EXPERIENCES EVEN MORE FEELINGS OF CONFUSION, FRAGMENTATION, AND EMPTINESS SINCE THESE ARE ALSO RESPONSES TO THE DISEASE PROCESS OF ADDICTION. WHEN THIS OCCURS, THE GAY MAN'S AND LESBIAN'S RESPONSES TO THE DISEASE OF ALCOHOLISM AND TO THE ASSAULTS OF HOMOPHOBIA INTERMINGLE AND INTENSIFY EACH OTHER.

The reality for most gay people is they must continue to pass as "straight" in the outside world. If a gay male or lesbian is a TEACHER, A FIRE-FIGHTER, CLERGY MEMBER, POLICY OFFICER, OR AN EMPLOYEE OF A LARGE CORPORATION, HE OR SHE RUNS A HIGH RISK OF LOSING THE JOB BY COMING OUT AS A GAY PERSON. If a gay male or lesbian is married and does not wish to break up that relationship, then he or she may choose to continue passing. If a gay male or lesbian's family is likely to disown him or her if they find out, then passing would seem to be an appropriate response to that threat. And if, in spite of A.A.'s policies and traditions, the gay and lesbian alcoholic runs the risk of being rejected by a particular group for coming out, then passing is most certainly the better part of valor.

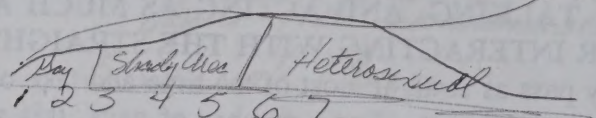
IT'S SOCIETY'S PROBLEM

PART OF COMING TO HEALTHY TERMS WITH HOMOPHOBIA IS FOR GAYS TO REALIZE *SOCIETY HAS THE PROBLEM*, NOT GAYS. IT IS HEALTHY AND NECESSARY TO THEIR MENTAL HEALTH FOR GAY MEN AND LESBIANS TO PLACE THE RESPONSIBILITY WHERE IT BELONGS--NOT ON THEMSELVES FOR BEING WHO THEY ARE BUT ON A SOCIETY WHICH ATTACKS THOSE WHO DO NOT CONFORM TO ITS MORALISTIC VIEWS.

Nature Vs Nurture > Sexuality is caused by the environment
Mother to domineering, to involved in sons life
Father had nothing to do with son.

Nature > found small section in the brain Correlation Between Stress in the mother

Gay Men Know by 19
Women by 21-26



Brain Sex Arts & Entertainment
Discovery Channel
3 parts

4-10% absolutely gay
10% Bisexual
15-40% Same Sex Experience

Stereotypes, Attitudes, and Beliefs
39% comit suicide because they are Homosexual. (its in their note known)

Acceptance Intellectually
Spirituality, God, The Bible

Homosexuals need the same discipline and guidance that heterosexual children need.

When children are teased or adults are teased all the time they have one defense left Extremities, Flaunt it, Dress the part. (Boys that act like girls. Girls that act like boys) Usually NO ROLE MODELS.

99.2% of all child molesters are heterosexual
A person is simply attracted to who they are attracted to.
Bisexuality is usually a defense in the coming out stage.

Homosexual Definition > physical emotional attraction to someone of the same sex.

GROUP SESSION

SUBJECT: COMING OUT: ITS NATURE, STAGES AND HEALTH CONCERNS

SOURCES OF INFORMATION: KEYS TO CARING, ASSISTING YOUR GAY AND LESBIAN CLIENTS, DUAL IDENTITIES

GOAL: TO HELP CLIENTS TO UNDERSTAND THE COMING OUT PROCESS AS IT RELATES TO CHEMICAL ABUSE, DEPRESSION AND OTHER HEALTH CONCERNS.

DEFINITION: Coming out is defined as that process by which a gay or lesbian individual identifies self as gay or lesbian, changes any previously-held negative notions of gays, lesbians, or homosexuality, accepts being gay or lesbian as a positive stage of being, and acts on the assumption that being gay or lesbian is a positive state of being.

THE NATURE OF COMING OUT:

This process is unique to gays and lesbians; there is no counterpart experience in the heterosexual world. Many health problems can be directly linked to this life process. Knowing which problems are related to coming out and which are not is crucial. The individual states of coming out have varying time lengths and are experienced to different degrees by each individual. For example, some persons never get out of Stage II or will take twenty-five years going from Stage I to Stage III, while others will go through the entire process in a year. Further, while some persons literally "go to pieces" in the first two stages of the process, others are able to handle it much more smoothly. And as both the gay liberation and the lesbian feminist movements advance and change society, and as more and more positive gay and lesbian resources become available, this process is never seen as a "ho-hum" life process. Persons experiencing it generally feel quite angry that they have to experience such a process. Later, in retrospect, they often feel grateful for the experience, or sometimes have mixed feelings toward it.

THERE ARE FOUR STAGES TO THE COMING OUT PROCESS. THESE STAGES ARE DISCUSSED FULLY DURING GROUP SESSIONS WITH GAY AND LESBIAN CLIENTS.

STAGE ZERO: LIFE BEFORE THE COMING OUT PROCESS

STAGE ONE: IDENTIFICATION

STAGE TWO: COGNITIVE CHANGES

STAGE THREE: ACCEPTANCE

STAGE FOUR: ACTION

THE HEALTH PICTURE OF EACH STAGE IS DISCUSSED FOLLOWING EACH STAGE.

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Very little is known about gay and lesbian children and virtually nothing is known about gay and lesbian infants.

Behavioral scientists have begun to uncover some basic life patterns exhibited by gay and lesbian children long before these children realize their true sexual orientations. This finding leads one to question whether sexual orientation, per se, is the critical thing making gays and lesbians different from heterosexuals, or if there are other factors operating which are yet unknown. What are these childhood patterns which the gay or lesbian child experiences before the coming out process begins? Are they the same for gays and lesbians? How do they compare with the childhood patterns of heterosexual males and females? The typical gay pattern is the opposite of the typical lesbian pattern. While the former mimics heterosexual female childhood, the latter mimics heterosexual male childhood.

THE GAY PATTERN: The typical gay pattern is what is called the Best-Little-Boy-in-the-World Syndrome, named after the classic autobiography of John Reid. In this pattern the little gay boy exhibits high achievement, heightened sensitivity to adult expectations and accompanying model performance, politeness, and non-commitment to rough-and-tumble activities such as sports. Further, he realizes he is "different" from other boys, but does not know how he is different. Only when he reaches Stage I of the coming out process will he learn the source and meaning of this difference. He often finds that his enjoyment of typical childhood games such as strip poker with boys is much greater than that of his peers. Likewise, he finds he gets crushes on male heroes and fantasizes sexually about members of his own sex. Like heterosexual girls, he is likely to obey adults unquestionably. "Don't get dirty" means exactly what it says. "Do well in school," likewise is taken to heart. And like the heterosexual girl, he often finds enjoyment playing with girls and is interested in their leisure pursuits. However, in the early days of his teen years, as heterosexual girls find they enjoy being with boys more and heterosexual boys enjoy being with girls more, the gay teen finds he enjoys being with males more. This pattern of excelling in one's pursuits would logically lead to overachievement in adulthood, and indeed it does. For unlike the heterosexual female who often buys into the "Cinderella Syndrome" in which she fails to achieve independently because of her belief that a man will take care of her, the male--gay or straight--is denied this choice of being taken care of in adulthood. Therefore, the gay boy will have to use the overachievement pattern for adult independence.

THE LESBIAN PATTERN: Like the gay boy, the lesbian girl is also a maverick. She too realizes that she is somehow "different" from other girls. But, unlike the gay boy, she often exhibits the "Rubyfruit-Jungle Syndrome," a childhood pattern named after Rita Mae Brown's book of the same title. This syndrome is characterized by assertiveness, a desire to compete equally with boys, bucking traditionally "feminine" trappings of dress and behavior, and a keen interest in sports and traditional heterosexual male activities. In early childhood, she often shuns girls as playmates and enjoys being with boys more. But, in the early teen years, while her heterosexual sisters are now leaving girl friends for boy friends, she experiences a desire to be around females rather than males. This pattern, like the Best-Little-Boy-in-the-World pattern, should also lead to overachievement in adulthood for two reasons. First, the lesbian girl has mastered the assertiveness and determination for independence needed to be successful in the work world, and second, she knows that she will not have a man to fall back on in adulthood. And, indeed, research indicates that lesbians, like gay men, often do become overachievers in adulthood.

WORD OF CAUTION: EVEN THOUGH THESE PATTERNS HAVE BEEN IDENTIFIED AND APPLY TO MANY GAY AND LESBIAN CHILDREN, IT MUST BE REMEMBERED THAT NOT ALL SUCH CHILDREN NECESSARILY FALL INTO THESE PATTERNS. THUS, ONE MAY SEE GAY BOYS VERY MUCH INTO SPORTS AND LESBIAN GIRLS VERY MUCH INTO PLAYING WITH DOLLS.

STAGE I: IDENTIFICATION

In the stage of identification, there is a radical identity change. Even though sexual orientation is determined before the age of three, if not before birth, gays and lesbians do not recognize their true identity until the teenage years or later. Gays usually reach this stage before lesbians. By age nineteen, a full eighty-four percent of the gay men know their sexual orientation, while only sixty-four percent of the lesbian women know theirs.

Recognizing one's homosexual identity often takes place through identifying with gay or lesbian books, through hearing the word "queer" or "gay" or "dyke" and exploring what this means, through falling in love with a person of the same sex, or through identifying one's feelings with what gays or lesbians relate in the media. Further, some gays and lesbians arrive at identification only after experiencing opposite-sex sexual relations. Often, they describe these relations and their feeling as unnatural or abnormal. Such experiences may lead these gay people to conclude that they are bisexual, which is not at all the same thing as being gay. Confusing SEXUAL ORIENTATION (a non-chosen state of being) with sexual behavior (action) is common for those persons who have not quite reached Stage I. This false labeling of self as bisexual is more common among lesbians than gay men.

THE HEALTH PICTURE OF STAGE I: Unlike racial and ethnic minorities, most gays and lesbians have not had the opportunity of many years in childhood to adequately learn what being a minority in America means. Also, most gay and lesbian children do not have parents and a host of gay relatives or friends as models. Therefore, upon realizing their homosexual orientations, they often experience overwhelming feelings of being completely alone in their situations and isolated from everyone who cares about them. Their loneliness is born from the fear of disclosing their "deep, dark secrets". Because gay and lesbian children have been taught many negative myths about gays and lesbians, beginning the state of identification can cause one's self-esteem to suffer. The myths include believing that gays and lesbians are necessarily unhappy and that they lead unfulfilled lives; that gays are child molesters (an almost exclusively heterosexual phenomenon) or transvestites

(an almost exclusively heterosexual male phenomenon); and that gays are highly effeminate or that lesbians are highly masculine. Little wonder, then, that many gays and lesbians in Stage I report hating their homosexual orientation. They often fear that friends and family will reject them, that they will have future occupational difficulties, and that being gay or lesbian will not allow them to have children and families. In short, they feel that it would be so much easier if they had been created straight.

The health picture here is rather gloomy. Some of the common health problems include deep and intense GUILT OR SHAME, diminished SELF-ESTEEM, STRESS and its physical manifestations, overwhelming LONELINESS, inability to focus on school or work and other life tasks, and DEPRESSION. Suicidal ideation, occurring in forty percent of the gay and lesbian population is often seen here. Likewise, ALCOHOLISM AND DRUG ABUSE can begin here. There is sometimes seen a rare form of psychosis in this stage characterized by delusions of persecution and by hallucinations. This psychosis is quite temporary and is usually only seen in males. Its treatment is simple - get yourself to the stage of self-acceptance. TO ACHIEVE MAXIMUM MENTAL AND PHYSICAL HEALTH, ONE MUST MOVE OUT OF THIS STAGE AS QUICKLY AS POSSIBLE.

STAGE II: COGNITIVE CHANGES

While a radical identity change is the criterion for Stage I, the criterion of Stage II is changing one's negative notions about gays and lesbians and homosexuality. However, this stage does not entail fully accepting being gay or lesbian as a positive state of being.

Having learned a "straight reality" all through childhood, gay people in the second stage must now learn a gay or lesbian reality, a new way of seeing and explaining the world and one's place in it. Thus, this stage is similar to going to school.

Most often, gays and lesbians pass as straight while exploring what it means to be gay or lesbian. "Passing" is done out of FEAR--fear of rejection, fear of violence, fear of loss. And although the fear is usually much greater than the actual experience of self-disclosure of one's gay or lesbian identity, it must be remembered that this is the century which has produced such anti-gay bigots as Anita Bryant, Jerry Falwell, Adolph Hitler, Josef Stalin, and Fidel Castro, and has witnessed the effects of such anti-gay social and political forces as Nazism, Klanism, Communism, and the fundamentalist Protestant "Moral Majority."

Gays and lesbians pass as straight in a number of ways, the most common form being dating the opposite sex and entering into cosexual (male-female) marriages. But the most damaging form of passing is becoming an ANTI-GAY crusader. In this situation, gays and lesbians may enter into right-wing political or fundamentalist religious cults or sects which seek to persecute or exterminate gays, but rarely lesbians. This is the type of person about whom Shakespeare might say, "Methinks he doth protest too much." Also common in this stage is a geographic movement. Gays and lesbians often move from their homes to distant cities where they can be freer to explore gay and lesbian communities and where chances of old friends and family learning of their homosexuality are negligible. Rural persons often move to cities where there are more gay and lesbian groups to join, such as churches and synagogues, and gay professional associations; or they move to a university town where there is a more progressive atmosphere.

Stage II (Con't.)

To understand and correct their preconceived negative notions about homosexuality, gays and lesbians often explore gay or lesbian communities. These persons are often very unsophisticated in the beginning and they fail to correctly discern what would be best to pursue. For example, the lesbian might accidentally get involved in a gay community center which is primarily for gays, while an apolitical gay might join a gay political group when he would be much happier in a gay bowling league.

While some report changing their negative notions through reading positive gay and lesbian literature, all agree that the very best way of getting through this stage is to get to know lots of gays (for) men and lesbians (for women).

THE HEALTH PICTURE FOR STAGE II:

The health picture in this state is similar to that seen in Stage I. First, there is a tremendous energy waste trying to live a double life behind masks. Second, this stress of a 24-hour-a-day job of acting can lead to a multitude of physical and mental health problems associated with stress. Third, although this is becoming less and less of a problem, the person sometimes is open to blackmail. Fourth, there is an almost paranoid fear of being discovered--a fear permeating all aspects of life, from signing out a gay library book to being spotted at a lesbian nightclub. However, this paranoia is not to be confused with what is called a "benign paranoia," a heightened sensitivity all gays and lesbians must possess to detect signs of homophobia which may crop up anywhere, from anyone, and at any time. For example, many gays report that if they hear a stranger using the word "homosexual" rather than "gay" to refer to a person, they are leery of that person. As a black gay man once said, "Gay is to black, as homosexual is to colored." Fifth, all of the problems seen in Stage I continue with the possible exception of feeling alone, or isolated, and lonely. And for those men and women who have developed ALCOHOLISM OR DRUG ABUSE, the disease progresses.

As one begins to shed the negative notions about gays and lesbians, it becomes too difficult to pass as straight. To continue passing as straight becomes an assault on one's integrity, on one's self-esteem, and on one's sensibilities. Stage II gays and lesbians begin giving clues as to their identities, such as objecting to lesbian or gay jokes, or refusing to make up fictitious accounts of dates with the opposite sex. Serious closet passing begins to fade. One moves on to Stage III.

STATE III: ACCEPTANCE

No Stage of the coming out process is more joyful than the Stage of Acceptance. Here persons begin to see their minority sexual orientation as "good news" rather than "bad news." As a result, they can move toward self-actualization as self-esteem is raised to new heights.

This stage is characterized by a type of freedom not experienced by the heterosexual person. The initial war with self is over, and a peacefulness descends. As Fisher says: The inner conflict is over and one is suddenly free to be himself or herself. More important, one is no longer at war with themselves. The energy which was devoted to denying one's self can now be directed toward building a happy life.

Stage III (Con't.)

Needless to say,l the health picture seen in Acceptance is much brighter than that seen in the previous stages. First, stress and its manifestations are decreased. There is a greater ability to relax. Second, self-esteem soars as one becomes free from the guilt seen earlier. This results in a general sense of well-being. Third, the depression and its many symptoms disappear. When their sexual orientations become "good news" rather than "bad news", and once this is internalized, gays sand lesbians are ready to enter Stage IV.

STAGE IV: ACTION

Stage IV is engaging in behavior or action which results from accepting being lesbian or gay as a positive state of being. Gays or lesbians who do not accept their sexual orientations as a positive state of being, regardless of how active they may be in gay or lesbian activities or how public they are, are not in the Action stage because they do not meet the criterion of self-acceptance.

This behavior may be highly visible, such as making the irreversible public statement "I'm gay", or very private, such as a lesbian nun making a silent prayer of thanksgiving for her new-found peacefulness.

Common types of action in this stage include intentional disclosure of one's sexual orientation, expanding one's circle of friends to include gays and lesbians, modifying, rethinking or rejecting religious beliefs, becoming politically involved in lesbian or gay causes, volunteering for gay or lesbian issues, and even raising one's occupational sights. The person is now able to be free to discuss with friends, acquaintances, and family those aspects of life--such as lover relationships--which are important.

THE HEALTH PICTURE FOR STAGE IV:

As with the previous stage, this health picture is quite bright. The difficulties that might present themselves can usually be dealt with very effectively because of a newly achieved self-acceptance.

First, the person may be rejected by family, friends, employers, or others following the disclosure of gay or lesbian identity. This may lead to a crisis situation. But five things need to be kept in mind about this possible rejection. One, family and others who may be initially negative usually move toward acceptance in time. Also, it is extremely rare that an accepting person will become negative because of sexual orientation. Two, a crisis, however painful, may produce a period of growth and thus be a blessing in disguise. And three,l when one is at peace with self, crises and rejections are much easier to bear. Four, most gays and lesbians report that they experience very little actual rejection because of self-disclosure. And five, as one has built up a support system of gays or lesbians, the gay person can turn to these new friends for comfort and advice following a show of bigotry.

Second, gays and lesbian often become overachievers, which, in itself, is very good. But while it may lead to a Ph.D., it may also lead to workaholism and the perfectionism often seen in gay and lesbian adults.

Stage IV (Con't.)

Third, with the explosive burst of energy unleashed from no longer passing as straight, combined with the excitement of self-acceptance, one often becomes a "professional gay" or "professional lesbian" for a period of time. One temporarily loses perspective and "being gay" or "being lesbian" is all-consuming. This phenomenon, however, is both healthy and natural and will run its course.

NOTES:

GROUP SESSION

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THE NATURE OF COMING OUT:

This process is unique to gays and lesbians; there is no counterpart experience in the heterosexual world. Many health problems can be directly linked to this life process. Knowing which problems are related to coming out and which are not is crucial. The individual states of coming out have varying time lengths and are experienced to different degrees by each individual. For example, some persons never get out of Stage II or will take twenty-five years going from Stage I to Stage III, while others will go through the entire process in a year. Further, while some persons literally "go to pieces" in the first two stages of the process, others are able to handle it much more smoothly. And as both the gay liberation and the lesbian feminist movements advance and change society, and as more and more positive gay and lesbian resources become available, this process is never seen as a "ho-hum" life process. Persons experiencing it generally feel quite angry that they have to experience such a process. Later, in retrospect, they often feel grateful for the experience, or sometimes have mixed feelings toward it.

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Behavioral scientists have begun to uncover some basic life patterns exhibited by gay and lesbian children long before these children realize their true sexual orientations. This finding leads one to question whether sexual orientation, per se, is the critical thing making gays and lesbians different from heterosexuals, or if there are other factors operating which are yet unknown. What are these childhood patterns which the gay or lesbian child experiences before the coming out process begins? Are they the same for gays and lesbians? How do they compare with the childhood patterns of heterosexual males and females? The typical gay pattern is the opposite of the typical lesbian pattern. While the former mimics heterosexual female childhood, the latter mimics heterosexual male childhood.

THE GAY PATTERN: The typical gay pattern is what is called the Best-Little-Boy-in-the-World Syndrome, named after the classic autobiography of John Reid. In this pattern the little gay boy exhibits high achievement, heightened sensitivity to adult expectations and accompanying model performance, politeness, and non-commitment to rough-and-tumble activities such as sports. Further, he realizes he is "different" from other boys, but does not know how he is different. Only when he reaches Stage I of the coming out process will he learn the source and meaning of this difference. He often finds that his enjoyment of typical childhood games such as strip poker with boys is much greater than that of his peers. Likewise, he finds he gets crushes on male heroes and fantasizes sexually about members of his own sex. Like heterosexual girls, he is likely to obey adults unquestionably. "Don't get dirty" means exactly what it says. "Do well in school," likewise is taken to heart. And like the heterosexual girl, he often finds enjoyment playing with girls and is interested in their leisure pursuits. However, in the early days of his teen years, as heterosexual girls find they enjoy being with boys more and heterosexual boys enjoy being with girls more, the gay teen finds he enjoys being with males more. This pattern of excelling in one's pursuits would logically lead to overachievement in adulthood, and indeed it does. For unlike the heterosexual female who often buys into the "Cinderella Syndrome" in which she fails to achieve independently because of her belief that a man will take care of her, the male--gay or straight--is denied this choice of being taken care of in adulthood. Therefore, the gay boy will have to use the overachievement pattern for adult independence.

THE LESBIAN PATTERN: Like the gay boy, the lesbian girl is also a maverick. She too realizes that she is somehow "different" from other girls. But, unlike the gay boy, she often exhibits the "Rubyfruit-Jungle Syndrome," a childhood pattern named after Rita Mae Brown's book of the same title. This syndrome is characterized by assertiveness, a desire to compete equally with boys, bucking traditionally "feminine" trappings of dress and behavior, and a keen interest in sports and traditional heterosexual male activities. In early childhood, she often shuns girls as playmates and enjoys being with boys more. But, in the early teen years, while her heterosexual sisters are now leaving girl friends for boy friends, she experiences a desire to be around females rather than males. This pattern, like the Best-Little-Boy-in-the-World pattern, should also lead to overachievement in adulthood for two reasons. First, the lesbian girl has mastered the assertiveness and determination for independence needed to be successful in the work world, and second, she knows that she will not have a man to fall back on in adulthood. And, indeed, research indicates that lesbians, like gay men, often do become overachievers in adulthood.

WORD OF CAUTION: EVEN THOUGH THESE PATTERNS HAVE BEEN IDENTIFIED AND APPLY TO MANY GAY AND LESBIAN CHILDREN, IT MUST BE REMEMBERED THAT NOT ALL SUCH CHILDREN NECESSARILY FALL INTO THESE PATTERNS. THUS, ONE MAY SEE GAY BOYS VERY MUCH INTO SPORTS AND LESBIAN GIRLS VERY MUCH INTO PLAYING WITH DOLLS.

STAGE I: IDENTIFICATION

In the stage of identification, there is a radical identity change. Even though sexual orientation is determined before the age of three, if not before birth, gays and lesbians do not recognize their true identity until the teenage years or later. Gays usually reach this stage before lesbians. By age nineteen, a full eighty-four percent of the gay men know their sexual orientation, while only sixty-four percent of the lesbian women know theirs.

Recognizing one's homosexual identity often takes place through identifying with gay or lesbian books, through hearing the word "queer" or "gay" or "dyke" and exploring what this means, through falling in love with a person of the same sex, or through identifying one's feelings with what gays or lesbians relate in the media. Further, some gays and lesbians arrive at identification only after experiencing opposite-sex sexual relations. Often, they describe these relations and their feeling as unnatural or abnormal. Such experiences may lead these gay people to conclude that they are bisexual, which is not at all the same thing as being gay. Confusing SEXUAL ORIENTATION (a non-chosen state of being) with sexual behavior (action) is common for those persons who have not quite reached Stage I. This false labeling of self as bisexual is more common among lesbians than gay men.

THE HEALTH PICTURE OF STAGE I: Unlike racial and ethnic minorities, most gays and lesbians have not had the opportunity of many years in childhood to adequately learn what being a minority in America means. Also, most gay and lesbian children do not have parents and a host of gay relatives or friends as models. Therefore, upon realizing their homosexual orientations, they often experience overwhelming feelings of being completely alone in their situations and isolated from everyone who cares about them. Their loneliness is born from the fear of disclosing their "deep, dark secrets". Because gay and lesbian children have been taught many negative myths about gays and lesbians, beginning the state of identification can cause one's self-esteem to suffer. The myths include believing that gays and lesbians are necessarily unhappy and that they lead unfulfilled lives; that gays are child molesters (an almost exclusively heterosexual phenomenon) or transvestites

(an almost exclusively heterosexual male phenomenon); and that gays are highly effeminate or that lesbians are highly masculine. Little wonder, then, that many gays and lesbians in Stage I report hating their homosexual orientation. They often fear that friends and family will reject them, that they will have future occupational difficulties, and that being gay or lesbian will not allow them to have children and families. In short, they feel that it would be so much easier if they had been created straight.

The health picture here is rather gloomy. Some of the common health problems include deep and intense GUILT OR SHAME, diminished SELF-ESTEEM, STRESS and its physical manifestations, overwhelming LONELINESS, inability to focus on school or work and other life tasks, and DEPRESSION. Suicidal ideation, occurring in forty percent of the gay and lesbian population is often seen here. Likewise, ALCOHOLISM AND DRUG ABUSE can begin here. There is sometimes seen a rare form of psychosis in this stage characterized by delusions of persecution and by hallucinations. This psychosis is quite temporary and is usually only seen in males. Its treatment is simple - get yourself to the stage of self-acceptance. TO ACHIEVE MAXIMUM MENTAL AND PHYSICAL HEALTH, ONE MUST MOVE OUT OF THIS STAGE AS QUICKLY AS POSSIBLE.

STAGE II: COGNITIVE CHANGES

While a radical identity change is the criterion for Stage I, the criterion of Stage II is changing one's negative notions about gays and lesbians and homosexuality. However, this stage does not entail fully accepting being gay or lesbian as a positive state of being.

Having learned a "straight reality" all through childhood, gay people in the second stage must now learn a gay or lesbian reality, a new way of seeing and explaining the world and one's place in it. Thus, this stage is similar to going to school.

Most often, gays and lesbians pass as straight while exploring what it means to be gay or lesbian. "Passing" is done out of FEAR--fear of rejection, fear of violence, fear of loss. And although the fear is usually much greater than the actual experience of self-disclosure of one's gay or lesbian identity, it must be remembered that this is the century which has produced such anti-gay bigots as Anita Bryant, Jerry Falwell, Adolph Hitler, Josef Stalin, and Fidel Castro, and has witnessed the effects of such anti-gay social and political forces as Nazism, Klanism, Communism, and the fundamentalist Protestant "Moral Majority."

Gays and lesbians pass as straight in a number of ways, the most common form being dating the opposite sex and entering into cosexual (male-female) marriages. But the most damaging form of passing is becoming an ANTI-GAY crusader. In this situation, gays and lesbians may enter into right-wing political or fundamentalist religious cults or sects which seek to persecute or exterminate gays, but rarely lesbians. This is the type of person about whom Shakespeare might say, "Methinks he doth protest too much." Also common in this stage is a geographic movement. Gays and lesbians often move from their homes to distant cities where they can be freer to explore gay and lesbian communities and where chances of old friends and family learning of their homosexuality are negligible. Rural persons often move to cities where there are more gay and lesbian groups to join, such as churches and synagogues, and gay professional associations; or they move to a university town where there is a more progressive atmosphere.

Stage II (Con't.)

To understand and correct their preconceived negative notions about homosexuality, gays and lesbians often explore gay or lesbian communities. These persons are often very unsophisticated in the beginning and they fail to correctly discern what would be best to pursue. For example, the lesbian might accidentally get involved in a gay community center which is primarily for gays, while an apolitical gay might join a gay political group when he would be much happier in a gay bowling league.

While some report changing their negative notions through reading positive gay and lesbian literature, all agree that the very best way of getting through this stage is to get to know lots of gays (for) men and lesbians (for women).

THE HEALTH PICTURE FOR STAGE II:

The health picture in this state is similar to that seen in Stage I. First, there is a tremendous energy waste trying to live a double life behind masks. Second, this stress of a 24-hour-a-day job of acting can lead to a multitude of physical and mental health problems associated with stress. Third, although this is becoming less and less of a problem, the person sometimes is open to blackmail. Fourth, there is an almost paranoid fear of being discovered--a fear permeating all aspects of life, from signing out a gay library book to being spotted at a lesbian nightclub. However, this paranoia is not to be confused with what is called a "benign paranoia," a heightened sensitivity all gays and lesbians must possess to detect signs of homophobia which may crop up anywhere, from anyone, and at any time. For example, many gays report that if they hear a stranger using the word "homosexual" rather than "gay" to refer to a person, they are leery of that person. As a black gay man once said, "Gay is to black, as homosexual is to colored." Fifth, all of the problems seen in Stage I continue with the possible exception of feeling alone, or isolated, and lonely. And for those men and women who have developed ALCOHOLISM OR DRUG ABUSE, the disease progresses.

As one begins to shed the negative notions about gays and lesbians, it becomes too difficult to pass as straight. To continue passing as straight becomes an assault on one's integrity, on one's self-esteem, and on one's sensibilities. Stage II gays and lesbians begin giving clues as to their identities, such as objecting to lesbian or gay jokes, or refusing to make up fictitious accounts of dates with the opposite sex. Serious closet passing begins to fade. One moves on to Stage III.

STATE III: ACCEPTANCE

No Stage of the coming out process is more joyful than the Stage of Acceptance. Here persons begin to see their minority sexual orientation as "good news" rather than "bad news." As a result, they can move toward self-actualization as self-esteem is raised to new heights.

This stage is characterized by a type of freedom not experienced by the heterosexual person. The initial war with self is over, and a peacefulness descends. As Fisher says: The inner conflict is over and one is suddenly free to be himself or herself. More important, one is no longer at war with themselves. The energy which was devoted to denying one's self can now be directed toward building a happy life.

Stage III (Con't.)

Needless to say,l the health picture seen in Acceptance is much brighter than that seen in the previous stages. First, stress and its manifestations are decreased. There is a greater ability to relax. Second, self-esteem soars as one becomes free from the guilt seen earlier. This results in a general sense of well-being. Third, the depression and its many symptoms disappear. When their sexual orientations become "good news" rather than "bad news", and once this is internalized, gays sand lesbians are ready to enter Stage IV.

STAGE IV: ACTION

Stage IV is engaging in behavior or action which results from accepting being lesbian or gay as a positive state of being. Gays or lesbians who do not accept their sexual orientations as a positive state of being, regardless of how active they may be in gay or lesbian activities or how public they are, are not in the Action stage because they do not meet the criterion of self-acceptance.

This behavior may be highly visible, such as making the irreversible public statement "I'm gay", or very private, such as a lesbian nun making a silent prayer of thanksgiving for her new-found peacefulness.

Common types of action in this stage include intentional disclosure of one's sexual orientation, expanding one's circle of friends to include gays and lesbians, modifying, rethinking or rejecting religious beliefs, becoming politically involved in lesbian or gay causes, volunteering for gay or lesbian issues, and even raising one's occupational sights. The person is now able to be free to discuss with friends, acquaintances, and family those aspects of life--such as lover relationships--which are important.

THE HEALTH PICTURE FOR STAGE IV:

As with the previous stage, this health picture is quite bright. The difficulties that might present themselves can usually be dealt with very effectively because of a newly achieved self-acceptance.

First, the person may be rejected by family, friends, employers, or others following the disclosure of gay or lesbian identity. This may lead to a crisis situation. But five things need to be kept in mind about this possible rejection. One, family and others who may be initially negative usually move toward acceptance in time. Also, it is extremely rare that an accepting person will become negative because of sexual orientation. Two, a crisis, however painful, may produce a period of growth and thus be a blessing in disguise. And three,l when one is at peace with self, crises and rejections are much easier to bear. Four, most gays and lesbians report that they experience very little actual rejection because of self-disclosure. And five, as one has built up a support system of gays or lesbians, the gay person can turn to these new friends for comfort and advice following a show of bigotry.

Second, gays and lesbian often become overachievers, which, in itself, is very good. But while it may lead to a Ph.D., it may also lead to workaholism and the perfectionism often seen in gay and lesbian adults.

Stage IV (Con't.)

Third, with the explosive burst of energy unleashed from no longer passing as straight, combined with the excitement of self-acceptance, one often becomes a "professional gay" or "professional lesbian" for a period of time. One temporarily loses perspective and "being gay" or "being lesbian" is all-consuming. This phenomenon, however, is both healthy and natural and will run its course.

NOTES:

LETTER OF ATTENDANCE

This is to certify that

Adriane Bowie

has satisfactorily completed

"Now That You Know...
Teenagers and Homosexuality"

on this 12th *day of* November *19* 92

from 7:00 *a.m.* (p.m) *to* 9:00 *a.m.* (p.m.)

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